MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (820)

CERTIFICATE OF DEATH

11069

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Kennedyville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Kennedyville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Archibald

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Lillie C Archibald
6(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Oct 25 1864.
8. AGE: Years 75 Months — Days 18 If less than one day ____ hrs. ____ min.
9. Birthplace near Kennedyville Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name William Archibald
13. Birthplace Ireland.
MOTHER 14. Maiden name Mary Jane McMullen
15. Birthplace Kent-Kennedy.
16. Informant Mrs. Lillie C Archibald
Address Kennedyville, Md.
17. (a) Burial (Burial, cremation, or removal. Which?) Date thereof Nov 18 1939 (month) (day) (year)
Cemetery or crematory Chester Cemetery.
Location
18. Funeral director B. R. Fellows.
Address Still Pond, Md.
19. Nov 18 1939 (Date rec'd by registrar) J. William Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1939, at 5:15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1937, to Nov. 13 1937, and that I last saw h-im alive on Nov. 13 1937.

Immediate cause of death	Cerebral Hemorrhage	DURATION
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jas. W. Urie M. D. or other
Address Kennedyville Date signed Nov. 16 1939

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11670

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town near Kennedyville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town near Kennedyville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Frank Carrol

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	single

B (b) Name of husband or wife —

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 65 | Months — | Days — | If less than one day: hrs. — min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business

FATHER 12. Name Daniel Carrol

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name unknown

MOTHER 15. Birthplace Maryland

16. Informant B J McTuggan

Address of Kennedyville Md.

17. Alms House Date thereof Nov 3 1939
(Burial, cremation, or removal? Which?) (month) (day) (year)

Burial

Cemetery or crematory alms House farm

Location near Chestertown Md

18. Funeral director B R Fellows

Address Still Pond Md

19 Nov 3 1939 J H Eldridge
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to Nov 3 1939, and that I last saw him alive on Nov 3rd 1939.

Immediate cause of death	DURATION
Angina Pectoris	5 hrs.
Due to	
Due to	
Other conditions unknown	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE L. P. Atwell
M. D. or other

Address Still Pond Date signed 11/3/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 34

CERTIFICATE OF DEATH

11071

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Queen St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Queen
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Dean

3. (b) Social Security Number (None)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife George Dean

6(c) If alive, give age Dont know years

7. Birth date of deceased (mo., day, yr.) Dec. 18. 1872

8. AGE: Years	Months	Days	If less than one day
66	10	27	hrs. min.

9. Birthplace Kent County Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name ALFRED Johnson

13. Birthplace Kent Co, Md

MOTHER 14. Maiden name Harriet Derry

15. Birthplace Kent County Md

16. Informant Isaac Dean Son

Address Chestertown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10/39 (month) (day) (year)

Cemetery or crematory Quaker Neck

Location Pomona near Chestertown Md.

18. Funeral director Marion V. Williams

Address Chestertown Md.

19. Nov. 10, 1939 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9. 1939, 19, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend her, she was found dead in her home by her son, Isaac Dean when he returned from work and that I last saw her alive on

Immediate cause of death	DURATION
Cardio-Vascular disease	
Due to Syphilis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of none

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury none Injured at work?

23. SIGNATURE Frank Hines for W. Medical Examiner Kent Co. M. D.

Address Chestertown Md Date signed Nov 3 9.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

11072

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (131)

County Kent Registration Dist. No. 203

Village or City Rock Hall No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town whara death occurrad ...yrs...mos...ds. How long in U.S. if of foraign birth? ...yrs...mos...ds.

2. FULL NAME Ida Ann Rebecca Elderdice If U. S. Veteran, specify WAR

(a) Residence: No. East Neck Island St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
fem.	Wh.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Luther Elderdice

6. DATE OF BIRTH (month, day, and year) Nov 24 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. — None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1939

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Cecil Co., Md (State or country)

FATHER

13. NAME Charles C. Hood

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Annie Brodye

16. BIRTHPLACE (city or town) England (State or country)

17. INFORMANT Mrs. J. Ben Wood (Address) Rock Hall

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date Nov 13, 1939

19. UNDERTAKER Wm. H. Gordy (Address) Church Hill

20. FILED Nov. 13, 1939 Mrs. T. B. Dowdiney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attandad deceased from April 5, 1939, to Nov 10, 1939

I last saw h... alive on Nov 9, 1939; death is said to have occurred on the date stated above, at 10:2 A m.

The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:

	Date of onset
Chron. Endo-Myocarditis	
decompensation	
Chronic Brights disease.	
Duration: Unknown Years.	

Other Contributary Causes of Importance:

Name of operation — Date of —

What last confirmed diagnosis? — Was thera an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Natura of injury —

24. Was diseasa or injury in any way ralatad to occupation of deceased? —

If so, specify —

(Signad) Albert C. Burgard M. D.

(Address) Rock Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

11073

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The usual occupation is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County Kent
City or town Near Coleraus Corner
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 66 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Near Coleraus Corner Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Garrison

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Jas Garrison
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22. 1873.

8. AGE: Years 66 | Months 9 | Days 5 | If less than one day hrs. min.

9. Birthplace Kent Co Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name James Starling
FATHER 13. Birthplace Kent Co Md

MOTHER 14. Maiden name Arlie Miller
MOTHER 15. Birthplace Kent Co Md

16. Informant Wm Starling (Bro) Coleraus Worton R2 Md
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 29/39 (month) (day) (year)

Cemetery or crematory Fit Zion Cemetery.
Location Still Pond Md.

18. Funeral director B R Tellous
Address Still Pond Md.

19. Nov 29 1939 (Date rec'd by registrar) J H Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1939 at 4 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19 to 19, and that I last saw him alive on 19. Did not attend Deceased Body was Investigated by Med Examiner

Immediate cause of death (a) Cerebral Hemorrhage (Duration) 5 days. Hrs Heart Failure

Due to (b)

Due to (c)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jas Wm Smith M.D. or other
Address Chestertown Md Date signed Nov 27 39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

4:15 11074

Reg. Diat. No. 202

1. PLACE OF DEATH:
County Kent
City or town Chestertown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 109 N Kent St.
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 109 N Kent St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maude Rebecca Gibson

3. (b) Social Security Number (None)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Married Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 11 1909

8. AGE:

Years	Months	Days	If less than one day
30	4	26	____ hrs. ____ min.

9. Birthplace Chestertown Kent Co. Md. (Town, county, and state)
10. Usual occupation Housework
11. Industry or business Home

FATHER
12. Name William N Gibson
13. Birthplace Queenstown Md.

MOTHER
14. Maiden name Mary Coons
15. Birthplace St. Marys Co. Maryland

16. Informant Mrs. Florence Thrash
Address 109 Kent St Chestertown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7/39 (month) (day) (year)
Cemetery or crematory Chestertown
Location Near Chestertown
18. Funeral director Marvin L. Williams
Address Chestertown Kent Co. Md.
19. Nov. 7th. 1939 (Date rec'd by registrar) Alice E. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 4:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not see alive, she had not been under my care as Physician Last saw alive on
Immediate cause of death Cerebral Hemorrhage Accidental Fall
Contributory
Due to Cancer Chronic
Due to Exhaustion
Other conditions

DURATION
Yrs
Mos
Days
Hrs
Min

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David Hines M D (M. D. or other)
Address Chestertown Md. Date signed Nov 7/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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BUREAU V. S.

11075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County Kent

City or town Worton, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME George Graves

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: African

6. (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years 85 | Months — | Days — | If less than one day — hrs. — min.

9. Birthplace Steel Pond, Maryland
(Town, county, and state)

10. Usual occupation Farm hand

11. Industry or business —

FATHER
12. Name Richard Graves
13. Birthplace Kent County

MOTHER
14. Maiden name Eliza ?
15. Birthplace Unknown.

16. Informant Mrs Jonathan D. Maxwell
Address Worton Manor Kent Co.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Nov. 19 1939 (month) (day) (year) Wed.

Cemetery or ~~crematory~~ Steel Pond

Location Steel Pond Maryland

18. Funeral director Ralph H Wilton, Inc.
Address Chestertown Md.

19. Nov 18 1939 (Date rec'd by registrar) J. W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1939, 11.45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1939, to Nov 16 1939, and that I last saw him alive on Nov 15 1939.

Immediate cause of death: Arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

DURATION: 2 / 1

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. G. Simpson M. D. or other

Address Chestertown Date signed _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

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11076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95E)

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH:

County: KENT

City or town: NR WORTON
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): LIFE

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Nr Worton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Sarah Rebecca Groves

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: James H. Groves Sr.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 1 1855

8. AGE: Years: 84 Months: 6 Days: 0 If less than one day ____ hrs. ____ min.

9. Birthplace: Kent County
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: in own.

FATHER
12. Name: Samuel Baker
13. Birthplace: Kent County, Md.

MOTHER
14. Maiden name: Mary Ann Lamb
15. Birthplace: Kent County, Md.

16. Informant: Mrs H. H. Kennedy
Address: Nr Lynch Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Nov 3 1939 (month) (day) (year)

Cemetery or crematory: Chester Cemetery

Location: Chestertown, Md.

18. Funeral director: Ralph H. Usilton Inc.
Address: Chestertown, Md.

19. Nov 3 1939 J. B. Clark
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 1st 1939, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1938, to Nov. 1 1939, and that I last saw her alive on Nov. 1st 1939.

Immediate cause of death: Cardio-nephritis — DURATION: 2 yrs.

Due to: Acute Myocarditis — Aug./39

Due to:

Other conditions: Extensive Areas of Eczema — life
(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Frank W. Smith M. D. or other

Address: Chestertown Date signed: Nov. 2/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11077

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Kent

City or town: Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Boy Harris

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	—

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Stillborn Nov 28 1939

8. AGE: Years — Months — Days — If less than one day: — hrs. — min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: James O Harris

13. Birthplace: Rock Hall, Md

MOTHER — 14. Maiden name: Mildred Sinco

15. Birthplace: Rock Hall, Md

16. Informant: Mildred Harris

Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28 1939 (month) (day) (year)

Cemetery or crematory: Chesapeake Cemetery

Location: Near Rock Hall.

18. Funeral director: James J. Harris (Father)

Address: Rock Hall.

19. Nov 28 1939 (Date rec'd by registrar) Wm. T. B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 28 1939, at 2:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939 to Nov 28 1939, and that I last saw h— alive on — 19—.

Immediate cause of death: Stillborn — DURATION

Due to: Premature 4 months

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Albert A. Burgard M. D. or other

Address: Rock Hall, Md Date signed 11/28/39

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DEC 2 1939
BUREAU V. S.

11078

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (94E)

County Kent Registration Dist. No. 210

Village or City Galena, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Johnston If U. S. Veteran, specify WAR

(a) Residence: No. Galena Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced [redacted] (or) WIFE of George Crawford Johnston

6. DATE OF BIRTH (month, day, and year) July 30, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Nov. 1939

11. Total time (years) spent in this occupation 49 yrs.

12. BIRTHPLACE (city or town) (State or country) Dover, Del.

FATHER

13. NAME Benjamin Stradley

14. BIRTHPLACE (city or town) (State or country) Cecil Co., Md.

MOTHER

15. MAIDEN NAME Emily M. Burris

16. BIRTHPLACE (city or town) (State or country) Camden, Del.

17. INFORMANT (Address) Mary E. Reed 706 Coverdale Rd, Wilmington Del.

18. BURIAL, CREMATION, OR REMOVAL Place Galena Cemetery Date 11/19, 1939

19. UNDERTAKER (Address) John H. Coffee Oscillo Md.

20. FILED Nov. 18, 1939 Ella Lee Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 16th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1939, to Nov. 16, 1939

I last saw her alive on Nov. 16, 1939; death is said to have occurred on the date stated above, at 11:40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Anginal attacks	1935
Coronary thrombosis	1939

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Emerson Houck M. D.

(Address) Galena, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-72)

CERTIFICATE OF DEATH

11079

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent

City or town Fairlee

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Fairlee Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	col.	widowed

6 (b) Name of husband or wife Edwin Jones

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years 56 | Months | Days | If less than one day hrs. min.

9. Birthplace Fairlee (Town, county, and state)

10. Usual occupation housework

11. Industry or business —

FATHER 12. Name J. Lineley

13. Birthplace not known

MOTHER 14. Maiden name Mary Miller

15. Birthplace not known

16. Informant Brother Lewis Miller

Address Fairlee

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 25 39 (month) (day) (year)

Cemetery or crematory Fairlee

Location Fairlee

18. Funeral director A. Lucy Henry

Address Chestertown

19. Nov 24 19 39 (Date rec'd by registrar) F. A. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1939, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-14-39 1939, to 11-23 1939, and that I last saw h alive on 11-20-39 1939.

Immediate cause of death	DURATION
Cardiac failure	
Due to Chron Endo-Myocarditis	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations —

20 autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Albert G. Burgard M. D. or other

Address Rock Hall, Md Date signed 7/23/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

EIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-d)

CERTIFICATE OF DEATH

11680

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent & Queen Anne's Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Knight #2

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10/25/39

8. AGE: Years | Months | Days: 8 | If less than one day: hrs. min.

9. Birthplace: Chestertown, Kent Co. Maryland.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name: Wm O. B. Knight

13. Birthplace: Kennedyville Md. Kent Co.

MOTHER

14. Maiden name: Clara Sluyter

15. Birthplace: Worton Kent Co.

16. Informant: Wm O. B. Knight

Address: Chestertown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/3/39 (month) (day) (year)

Cemetery or crematory: Still Pond Md.

Location: Still Pond Md. Kent Co. Md.

18. Funeral director: Harris V. Williams

Address: Chestertown Md.

19. Nov. 3, 1939 (Date rec'd by registrar) Alice E. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1939, at 8 20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-25 1939, to 11-2 1939, and that I last saw it alive on 11-2 1939.

Immediate cause of death	DURATION
(a) Congenital deformities - 1. Imperforate rectum	
Due to 2. Agenesis of abdominal wall.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert W Fan M. D. or other

Address Chestertown Md. Date signed 11-3-39

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

11081

Reg. Dist. No. 204

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Rural near Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.R. # 2
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 77 yrs 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Kent
City or town Rural near Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.R. # 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Matilda Leary

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband ~~or wife~~ Oregon P. Leary
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 9, 1863

8. AGE: Years	Months	Days	If less than one day
77		13	hrs. min.

9. Birthplace Rock Hall, Kent County, Md
(Town, county, and state)
10. Usual occupation retired
11. Industry or business

FATHER
12. Name William W. Coleman
13. Birthplace Kent County

MOTHER
14. Maiden name Martha
15. Birthplace Kent County

16. Informant Mrs W. B. LeCompte
Address Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 25-39 (month) (day) (year)
Cemetery ~~or crematory~~ Wesley Chapel
Location near Rock Hall
18. Funeral director William H. Good
Address Church Hill, Md.

19. Nov. 24 (Date rec'd by registrar) 1939 H W Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1939, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1939, to ____ 19____
and that I last saw her alive on Nov 22 1939

Immediate cause of death	DURATION
(acute) Heart failure	
Due to arteriosclerosis and hypertension	
Due to	
Other conditions senile epilepsy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. C. Floyd M.D.
M. D. or other
Address Rock Hall, Md Date signed Nov 23/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

11082

Reg. Diat. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The cause of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town Chestertown, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 525 High Street

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 72 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR N.D.

3. (a) FULL NAME Florence Virginia Lee

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Lee

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1867

8. AGE: Years	Months	Days	If less than one day
72	1	30	— hrs. — m'n.

9. Birthplace Kent County (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business "

FATHER

12. Name Thomas W. Rawlins

13. Birthplace Kent County

MOTHER

14. Maiden name Lavica Joiner

15. Birthplace Kent County

16. Informant James Lee — Son

Address Chestertown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4, 1939 (month) (day) (year)

Cemetery or crematory St Paul Cemetery

Location Chestertown, Md

18. Funeral director Ralph H. Wheeler Jun

Address Chestertown Md.

19. Nov. 4th 1939 (Date rec'd by registrar) Alice R. Small Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1939, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 23 1939, to Nov 1 1939 and that I last saw h— alive on Nov 1 1939.

Immediate cause of death	DURATION
Apoplexy	9 Days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. G. Simpson M. D. or other

Address Chestertown Date signed 11-2-39

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DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

CERTIFICATE OF DEATH

11083

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Rock Hall (near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Kent
City or town Rock Hall (near) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Warren Gillespie Painter

3. (b) Social Security Number

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	W	married

6 (b) Name of husband or wife Anna Strong Painter
6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug. 8. 1866

8. AGE: Years	Months	Days	If less than one day
73	3	1	hrs. min.

9. Birthplace Wythe Co. Virginia
(Town, county, and state)
10. Usual occupation Salesman (shoes)
11. Industry or business
FATHER 12. Name James B. Painter
13. Birthplace Wythe Co. Virginia
MOTHER 14. Maiden name Miss Gillespie
15. Birthplace Virginia
18. Informant wife
Address near Rock Hall

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12 1939 (month) (day) (year)
Cemetery or crematory St. Pauls cemetery
Location Kent Co. Md.
18. Funeral director Ralph H. Usilton Inc.
Address Chestertown Md.

19. Nov. 9 1939 (Date rec'd by registrar) Wm. T. B. Harding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9. 1939, at about 5 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6 1939, to Nov 8 1939, and that I last saw him alive on Nov. 8 1939

Immediate cause of death	DURATION
Heart attack	about
Due to Valvula Disease	8 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. P. Strong M.D.
M. D. or other
Address Millington, Md. Date signed Nov. 9 39

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DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82a)

11684

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
County Kent
City or town Sassafrass
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Sassafrass Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Garfield Ringgold.

3. (b) Social Security Number

4. Sex M.
5. Color or race Col
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Martha Ringgold.
6(c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) May 17 1882
8. AGE: Years 57 Months 5 Days 26 If less than one day hrs. min.
9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Farm Laborer
11. Industry or business —
FATHER 12. Name Perry Ringgold
13. Birthplace Maryland
MOTHER 14. Maiden name Emma Eves.
15. Birthplace Maryland.
16. Informant Martha Ringgold (wife)
Address Sassafrass
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 15. 39. (month) (day) (year)
Cemetery or crematory Cemetery
Location Sassafrass
18. Funeral director W. H. Good.
Address Church Hill. Md.
19. 11-14. 1939 (Date rec'd by registrar) Merritt Brice Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12th 1939, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 11 1939, to Nov 12 1939, and that I last saw him alive on Nov 12 1939.
Immediate cause of death General Paralysis
Due to Arteriosclerosis
Senile paresis; not general paralysis of the insane.
Due to
Primary cause: Cerebral hemorrhage.
Other conditions Duration: 36 hours
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 2 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. P. Strong, M.D. M. D. or other
Address Millington Date signed 11-14-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1939
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (67)

CERTIFICATE OF DEATH

11085

Reg. Dist. No. 209

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Shaptown

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Rock Hall Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Shaptown Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: James Rudolph Salomon Scott

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	col	—

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): May 21 1939

8. AGE: Years	Months	Days	If less than one day
—	5	16	— hrs. — min.

9. Birthplace: Rock Hall, Kent, Md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: Russell Lee Scott

FATHER — 13. Birthplace: Rock Hall, Md

MOTHER — 14. Maiden name: Clara Rosetta Fisco

MOTHER — 15. Birthplace: Rock Hall, Md

16. Informant: Father Russell Scott

Address: Rock Hall, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 7 1939 (month) (day) (year)

Cemetery or crematory: Shaptown Cemetery

Location: near Rock Hall.

18. Funeral director: Asbury D. Henry

Address: Chestertown R#2 Md

19. Nov 7 1939 (Date rec'd by registrar) Mrs T. B. Dowding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 6 8:30 A M 1939, to Nov 6 10:00 P M 1939, and that I last saw h— alive on Nov 6 1939.

Immediate cause of death	DURATION
Cardiac failure	
Status Thymico Lymphaticus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Albert A. Burgard M.D. M. D. or other

Address: Rock Hall, Md Date signed 11/6/39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11086

Reg. Dist. No. 204

1. PLACE OF DEATH:

County Kent

City or town Melitota

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chestertown R R Md

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Melitota Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Chestertown R R Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Thomas Stewart

3. (b) Social Security Number None

4. Sex M.

5. Color or race Col

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Rebecca Wilson deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1863

8. AGE: Years 76 Months 3 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Kent Co. Md (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER

12. Name Joseph Stewart

13. Birthplace near Lynch Kent Co Md

MOTHER

14. Maiden name Maria Lively

15. Birthplace Worton, Kent Co Md

16. Informant Lucinda Norris

Address Melitota Chestertown R R

17. Burial Cemetary (Burial, cremation, or removal. Which?) Date thereof Nov 12/39 (month) (day) (year)

Cemetery or crematory Melitota

Location At Melitota

16. Funeral director Cosbury Hessey

Address Chestertown R R

19. Nov 11 1939 (Date rec'd by registrar) F. W. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1939, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1937 19__, to Nov 9 1939, and that I last saw him alive on Nov 9 1939.

Immediate cause of death Endocarditis with chronic nephritis

DURATION 3 years

Due to

Due to

Other conditions General body edema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank W Smith M. D. or other

Address Chestertown Date signed Nov 11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

ECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

11087

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Kent

City or town (Fountain) Woston RD Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 0

Stay in this community (yrs., or mos., or days) 3

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Kent

City or town (Fountain) Woston RD Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lester Julius Tolliver

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct 30. 1939

8. AGE: Years | Months | Days 3 | If less than one day hrs. min.

9. Birthplace (Fountain) Woston RD Md (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name William Tolliver

13. Birthplace Virginia

MOTHER 14. Maiden name Nona Wallace

15. Birthplace Md

16. Informant Edna Wallace Tolliver

Address (Fountain) Woston RD Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2 1939 (month) (day) (year)

Cemetery or crematory Fountain

Location Fountain

18. Funeral director B R Tellows

Address Still Pond Md

19. Nov 2 1939 (Date rec'd by registrar) J.W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1939, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not see child or attend him 19 to 19

and that I last saw in alive on 19

Immediate cause of death Premature

Due to Birth

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE Frank Hines M D or Patty Acc. Edna Kent M.D. or other

Address Chestertown Md Date signed Nov 2 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1969
BUREAU V. S.

11088

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County: Kent

City or town: Chesterville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chesterville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Joseph Warner

3. (b) Social Security Number: —

4. Sex: M

5. Color or race: C

6. (a) ~~Single, married, widowed, or divorced~~: married

8 (b) Name of ~~husband~~ or wife: Laura Warner

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): unknown 1871

8. AGE: Years: 68 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farm Work

11. Industry or business: —

FATHER

12. Name: James Warner

13. Birthplace: Maryland

MOTHER

14. Maiden name: Martha Davis

15. Birthplace: Maryland.

16. Informant: Mary Brown

Address: Golts Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 7 1939 (month) (day) (year)

Cemetery or crematory: Chesterville Md

Location: Chesterville Md

18. Funeral director: B R Fellows

Address: Millington Md

19. Nov 7 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939, to Nov 5 1939, and that I last saw him alive on Nov 4 1939.

Immediate cause of death: Chr. Myocarditis — DURATION: 1938

Chr. Interstitial Nephritis — 1935

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Millington — Date signed 11/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-A)

CERTIFICATE OF DEATH

11089

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall RR #2 Box 3

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 63 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.R. #2 Box 3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Amitta Alberta Williams

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Joseph W. Williams

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Oct. 30 1876

8. AGE:

Years	Months	Days	If less than one day
63	-	23	____ hrs. ____ min.

9. Birthplace: Rock Hall Kent Co. Md.

(Town, county, and state)

10. Usual occupation: Housekeeping

11. Industry or business: Home

FATHER

12. Name: Jacob Wooley Hand

13. Birthplace: Kent Co. Md.

MOTHER

14. Maiden name: Martha Downey

15. Birthplace: Rock Hall, Md.

16. Informant: Mr. Joseph W. Williams

Address: Rock Hall, Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof Nov 25/39 (month) (day) (year)

Cemetery or crematory: Wesley Chapel Cem.

Location: Rock Hall Md.

18. Funeral director: Mason L. Williams

Address: Chestertown Md.

19. Nov. 28 1939 (Date rec'd by registrar) Mrs. T. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 22 1939, at 4.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 1939, to Nov 22 1939, and that I last saw h alive on Nov 18 1939.

	DURATION
Immediate cause of death: Cardiac failure	
Due to: Carcinoma of rectum	
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work? —

23. SIGNATURE: Albert H. Buzzard M. D. or other

Address: Rock Hall, Md Date signed 11/22/39

RECEIVED
DEC 2 1939
BUREAU V. S.